



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
LAND RECLAMATION COMMISSION  
**COMPLIANCE SECTION**

P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102-0176

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**I. COMPANY INFORMATION**

A. THE APPLICANT IS A:

☐ Corporation ☐ Partnership ☒ Single Proprietorship ☐ Association ☐ Other (Specify): \_\_\_\_\_

ANYONE DOING BUSINESS IN THE STATE OF MISSOURI UNDER A NAME OTHER THAN HIS OR HER OWN GIVEN NAME MUST BE REGISTERED WITH THE SECRETARY OF STATE'S OFFICE IN JEFFERSON CITY.

B. LIST THE APPLICANT AND EVERY PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION. THE DEFINITION OF "PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION" MEANS ANY PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY SHALL BE DEEMED TO BE RELATED TO OR ASSOCIATED WITH ANY OTHER PARTNERSHIP, PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, JOINT VENTURE, OR OTHER TYPE OF BUSINESS ENTITY WHICH HAS ONE OR MORE PERSONS WHO SERVE AS AN OWNER, PARTNER, SHAREHOLDER, MEMBER, MANAGER, OFFICER, OR DIRECTOR OF BOTH ENTITIES. THIS DEFINITION INCLUDES NOT JUST SUBSIDIARIES OF THE APPLICANT, BUT SISTER AND PARENT COMPANIES AS WELL AS UNRELATED COMPANIES THAT HAVE SOME OVERLAP WITH OWNERS, SHAREHOLDERS, OR CORPORATE MANAGEMENT.

☐ IF NO OTHER ENTITY OR OTHER PERSON IS ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION II. "PERMIT INFORMATION FORM".

NAME Robbert Digger				
BUSINESS ALIAS (IF ANY) River Gravel Company		EIN/SSN (OPTIONAL)		
STREET ADDRESS Route 2 Box 222	CITY Stoneville	STATE MO	ZIP CODE 66222	TELEPHONE NUMBER (417) 555-5555
OWNER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF President				
BEGINNING DATE OF TERM 6/01/01		ENDING DATE OF TERM Present Date		

NAME Robbert Digger				
BUSINESS ALIAS (IF ANY) River Gravel Redi-Mix		EIN/SSN (OPTIONAL)		
STREET ADDRESS Same As Above	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OWNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF Vice President				
BEGINNING DATE OF TERM 6/01/01		ENDING DATE OF TERM 05/31/03		

NAME				
BUSINESS ALIAS (IF ANY)		EIN/SSN (OPTIONAL)		
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERCENT OWNER (OPTIONAL)		
TITLE/POSITION - SHAREHOLDER, OFFICER, PARTNER, DIRECTOR, OTHER OR COMBINATION THEREOF				
BEGINNING DATE OF TERM		ENDING DATE OF TERM		

**PLEASE MAKE COPIES OF THIS FORM IF THERE IS ADDITIONAL INFORMATION OR USE ANOTHER SHEET OF PAPER USING A SIMILAR FORMAT.**



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## II. PERMIT INFORMATION

LIST EVERY PERMIT THAT HAS BEEN HELD BY THE APPLICANT AND ANY ENTITY THAT IS LISTED IN THE **COMPANY INFORMATION FORM**. THIS MEANS ANY PERMIT ISSUED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES INCLUDING THOSE WHICH MAY HAVE BEEN REVOKED, SUSPENDED OR EXPIRED.

☐ IF THERE IS NO OTHER PERMIT ISSUED TO THE APPLICANT OR OTHER PERSON'S ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, PLEASE CHECK THE BOX AT THE LEFT, AND CONTINUE TO THE NEXT PAGE COMPLIANCE SECTION III. "NON-COMPLIANCE INFORMATION FORM".

NAME OF PERMIT HOLDER River Gravel Company	TITLE OF PERMIT NPDES
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES  
Water Pollution Control Program

PERMIT NUMBER XX-XX-XXXX-XX	DATE ISSUED 12/31/00	DATE EFFECTIVE 2/14/01	DATE EXPIRES 1/13/06
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SITE IDENTIFICATION  
Cedar Creek

LOCATION  
Taney County - Section 22, Township 45N, Range 15W

NAME OF PERMIT HOLDER River Gravel Redi-Mix	TITLE OF PERMIT Operating Permit
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES  
Air Pollution Control Program

PERMIT NUMBER XXX-XXX-XXXX	DATE ISSUED 06/01/99	DATE EFFECTIVE 06/01/99	DATE EXPIRES 06/02/04
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SITE IDENTIFICATION  
Branson

LOCATION  
Taney County - Section 22, Township 45N, Range 15W

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

NAME OF PERMIT HOLDER	TITLE OF PERMIT
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ISSUING AGENCY OF THE DEPARTMENT OF NATURAL RESOURCES

PERMIT NUMBER	DATE ISSUED	DATE EFFECTIVE	DATE EXPIRES
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SITE IDENTIFICATION

LOCATION

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**III. NON-COMPLIANCE INFORMATION**

LIST EACH NOTICE OF VIOLATION\* OR OTHER NON-COMPLIANCE\* THE APPLICANT OR OTHER PERSON'S ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, LISTED IN THE **COMPANY INFORMATION FORM** THAT HAS RECEIVED FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PROCEEDING THE DATE ON THE PERMIT APPLICATION FORM. INCLUDE ANY SETTLEMENT AGREEMENT, CONSENT ORDER, CONSENT JUDGEMENT, FINAL ORDER, ETC. \*NOTE: THE FOCUS OF THE NOTICE OF VIOLATION OR NON-COMPLIANCE CONCERNS ISSUES THAT HAVE RESULTED IN HARM TO THE ENVIRONMENT OR IMPAIRED THE HEALTH, SAFETY OR LIVELIHOOD OF PERSONS OUTSIDE THE FACILITY.

- ☐ IF THE APPLICANT OR ANY OTHER PERSON ASSOCIATED WITH THE APPLICANT IN A MANAGEMENT FUNCTION, HAS HAD A PERMIT REVOKED AT ANY TIME FROM THE MISSOURI DEPARTMENT OF NATURAL RESOURCES, PLEASE CHECK THE BOX AT THE LEFT AND PROVIDE EXPLANATION BELOW.
- ☐ IF THE APPLICANT OR ANY OTHER ENTITY ASSOCIATED WITH THE APPLICANT HAS NOT BEEN CITED WITH A NON-COMPLIANCE CONCERNING ENVIRONMENTAL ISSUES FOR ACTIVITIES OR FACILITIES LOCATED IN MISSOURI FOR A FIVE-YEAR PERIOD IMMEDIATELY PROCEEDING THE DATE ON THE PERMIT APPLICATION FORM, PLEASE CHECK THE BOX AT THE LEFT, AND COMPLETE THE LAST PAGE OF THE COMPLIANCE SECTION FORM TITLED "IV. NOTARIZED SIGNATURE".

NON-COMPLIANCE NUMBER	LOCATION	DATE ISSUED	DEPARTMENT OF NATURAL RESOURCE AGENCY THAT ISSUED NON-COMPLIANCE	BRIEF DESCRIPTION OF NON-COMPLIANCE	CURRENT STATUS (ABATED - NOT ABATED SETTLEMENT AGREEMENT)
XXX-XX-XXX	Taney County Cedar Creek	03/10/99	Water Pollution Control Program	Operating Wash Plant Without NPDES Permit	Abated
XX-XXX-XX	Branson MO	06/01/01	Air Pollution Control Program	Notice of Excess Emissions	Abated

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**IV. NOTARIZED SIGNATURE**

**NOTE:** This form is required when a request for a hearing is on file with the Missouri Land Reclamation Commission concerning the applicant's surface mine application.

**By signing this form the applicant verifies that all information contained in the COMPLIANCE SECTION forms is correct, complete, and true to the best of your knowledge.**

SIGNATURE OF APPLICANT		TITLE	DATE
Not Valid Unless Signed		Owner	08/28/01
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
<b>NOT VALID UNLESS NOTARIZED</b>	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**FOR DEPARTMENT USE ONLY**

APPROVED BY (DIRECTOR'S REPRESENTATIVE)	DATE APPROVED	PERMIT NUMBER
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